



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 05 Carbon			District: 0059 Bridger K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	1337	No	Loyning, Paul & Jean	6.38	_____
2	1355	No	Murray, Sonia	20.10	_____
2	1377	No	Peterson, Steve & Kim	0.25	_____
2	1384	No	Althoff, Kendra	0.38	_____
2	1385	No	Kelsey, Mike	0.75	_____
2	2002	No	OLSON, LORNA	1.75	_____
2	2211	No	Murray, Sonia L	10.05	_____



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Date			Signature, Chair, Board of Trustees			
County: 05 Carbon			District: 0060 Joliet Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
7	1998	No	BLAIN, DAWN		2.25	